

# Aeromedical Summary Template

(PRK Study Participant)

**DATE:**

## Patient Identification:

LT John Doe, xxx-xx-xxxx, USN (ensure that member is USN, USNR, USNR-TAR, etc) is a 24yo aviator, with 3000 flying hours in the F14, P3, etc. Current job is flying F14s and he has flown 100 hours in the last six months. Member is stationed at \_\_\_\_\_. **The purpose of this AMS is to request a waiver for history of PRK.** Member's UIC is \_\_\_\_\_. Aeromedical Email point of contact is \_\_\_\_\_ with phone \_\_\_\_\_.

**Previous Waivers and status:** Please give the status of all previous waivers and information required (i.e., member has a previous waiver for HTN granted in 1995. Member is stable on HCTZ and blood chemistries were normal on 14 May 99).

## Significant Medical History:

History of photorefractive keratectomy (PRK) in [both eyes / right eye / left eye]

**Eye care consults:** date of exam #1 \_\_\_\_\_, exam #2 \_\_\_\_\_  
\*(required for initial waiver only)

	<u>UCVA</u>	<u>Manifest Refraction</u>	<u>BCVA</u>
OD #1	20/_____	_____ - _____ x _____	20/_____
OS #1	20/_____	_____ - _____ x _____	20/_____
*OD #2	20/_____	_____ - _____ x _____	20/_____
*OS #2	20/_____	_____ - _____ x _____	20/_____

**Physical Examination:** N/A if PRK is only waiver. Include vital signs, and a targeted physical exam on member that focuses on the waiver(s) request(ed) (i.e., neurology exam for migraine headache waiver).

**Lab test:** N/A if PRK is only waiver.

**Information required:** Eye consult as above if PRK is only waiver. Review ARWG for all required medical tests and consults for the member's previous waivers. Please review previous SF88 or SF507 for information required on a previous waiver.

**Diagnosis:** H/O PRK [OU / OD / OS]. NPQ \_\_\_\_\_ (designation; pilot, NFO, etc.)

**Aeromedical recommendations:** Waiver [Recommended / Not Recommended]. Glasses or contact lenses [Required / Not Required] for flight. Follow up [\_\_\_\_\_].

\_\_\_\_\_  
FS Signature

\_\_\_\_\_  
Local Eye Signature

\_\_\_\_\_  
NAMI Eye Signature (virtual, by phone)

**Command Endorsement:**

Forwarded recommending [approval / disapproval]

\_\_\_\_\_  
CO signature and name block

DOE, JOHN, J. USNR/LT  
20/xxx-xx-xxxx  
DOB